

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250
 SACRAMENTO, CA 95815-3832
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 WEB ADDRESS: <http://www.dca.ca.gov/cba>

**REPORTABLE EVENTS****Insurer/Licensed Surplus Broker Reporting Form**

Pursuant to California Business and Professions Code Section 5063.2

(Please read the attached information before completing and submitting this form.)

Please check the appropriate box. **Insurance Company** ☐ **Licensed Surplus Broker** ☐

Name: _____

Address: _____

Contact Person: _____ Telephone: () _____

Please check the appropriate box. **Settlement** ☐ **Arbitration Award** ☐

Total Amount of Settlement or Arbitration Award _____

Amount Paid by Insurer/Licensed Surplus Broker _____ Date Paid _____

Name and Location of Court/Arbitrator _____

INSURED LICENSED ACCOUNTANT OR LICENSED ACCOUNTING FIRM

Insured Licensee Name _____ License Number _____

OR

Insured Firm Name _____ License Number _____

Address _____

Policy Number _____

PAYEE

If more than one payee is named, please attach a separate sheet listing additional payee(s).

Payee Name _____

Address _____

 Signature of Reporting Agent or Insurer

 Name and Title (Printed or Typed)

 Date

The following is excerpted from the California Business and Professions Code.

Section 5063.2. Within 30 days of payment of all or any portion of any civil action settlement or arbitration award against a licensee of the board in which the amount or value of the settlement or arbitration award is thirty thousand (\$30,000) or greater, any insurer or licensed surplus broker providing professional liability insurance to that licensee shall report to the board the name of the licensee, the amount or value of the settlement or arbitration award, the amount paid by the insurer or licensed surplus broker, and the identity of the payee.

Please submit the form to:

**California Board of Accountancy
Attention: Enforcement Division
2000 Evergreen Street, Suite 250
Sacramento, CA 95815**